



Disciplinary Action Form

Employee Name: _____ Job Title: _____

Incident Reported to: _____ Date of Incident: _____

Incident Reported by: _____ Date Reported: _____

Details of Incident:

Violation Type: General Orders Department Policy Code of Conduct

Code/Policy # Violated: _____ Location of Incident: _____

Details of Violation: _____

Disciplinary Action Issued by: _____ Date: _____

(Print Name)

Signature: _____ Title: _____

Employee Statement:

Employee Signature _____ Date _____

Corrective Action:

Counseling Verbal Written Suspension with pay Suspension without pay

Suspension Start Date: _____ Suspension End Date: _____

Notice: First Second Third Final Terminated **Date of Termination:** _____

Follow Up:

Goals for Improvement: _____

Consequences: _____
